

## Foster Family Home - Corrective Action Report

Provider ID: 1-160070

Home Name: Marissa Ruiz, CNA

Review ID: 1-160070-3

94-1487 Kahualoa Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 4/18/2018

End Date: 4/18/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for an increase to 3 clients CCFFH certification survey. Home is in compliance with all requirements.

Home will receive a 1 year 3 client certification.

Carrie Wakai  
Compliance Manager

Primary Care Giver

4/18/18  
Date

4/18/18  
Date